

Mail To: SCAQMD P.O. Box 4944 Diamond Bar, CA 91765-0944

> Tel: (909) 396-3385 www.agmd.gov

					mm.aqma.g	••
Section A - Operator Information						
1. Facility Name (Business Name of Operator):				2. Valid AQN (Leave bla	Valid AQMD Facility ID     (Leave blank if a new business):	
3. Owner's Business Name (If different fr	om Business Name of Operator):	Check here if change of o	pperator			
Section B - Equipment Location A	Section C - Business Mailing Address					
4. Equipment Location Is:		Correspondence Information:     Check here if same as equipment location address				
Street Address	Address	Address				
City , CA Zip		City	City State Zip			_
Contact Name Title		Contact Name	Contact Name Title			_
Phone # Ext. Fax # E-Mail:		Phone # E-Mail:				
Section D - Equipment Information		L-IVIAII.				_
•	or modified after July 7, 20 torage tank as per examp qual to 251 gallons.		•		nks with storage	
Tank Designation	Tank Size (gallons)	Aboveground o Underground	r Annual Throu (gallons)		Equipped with omerged Fill Pipe	
Example: South Tank	1000	Aboveground	20, 000		Yes	
Annual Throughput: Amount of gasoline dispensed from the			•			
Aboveground/Underground: Submerged Fill Pipe:  For cu	State whether the tank is be Any fill pipe whi ch has its above the bottom of the ta side, means any fill pipe we inches above the bottom of the sabove the bottom of the sabove the bottom of the sabove the bottom of the same uppercent fees, please see Russes.	disch arge opening enk. "Submerged fill phich has its discharge fithe tank."  dated on July 1 of	entirely submerged whe pipe," when applied to a opening entirely submereach year.	n the liq uid I tank whi ch i erged when th	s loaded from the	
	<u> </u>				a device and a series of	_
Section E - Authorization/Signature 7. Signature of Responsible Official:	: Thereby certify that an inion		d information submitted with to sponsible Official:	піз арріісаціон ан	e irue ano correct.	
9. Print Name:			10. Date:			
11. Check List: Authorized S	Signature/Date Fees E	nclosed				_
AOMD APPLICATION TRACKING # USE ONLY	EQUIPMENT CATEGOR	RY CODE: FEE \$			VALIDATION	
A R ENG.A R DATE	CLASS ASSIGNMENT I III Unit Engineer	CHECK/MO	NEY ORDER # AMOUNT \$	'	TRACKING #	